

Important: Please read all instructions before completing form Report period from January 1 to December 31, 2015

[☐] Check if information below is identical to the information submitted last year

Facility Identification (2a) - Facility Location

Facility Name: **Belfonte Ice Cream Co.** Max No. of Occupants: **50**
 Street Address: **1511 Brooklyn Ave** Status: **Manned**
 City: **Kansas City** State: **MO** Zip: **64127**
 Phone: **816-483-9070** Fax: **816-483-1442**
 E-Mail: **dsanders@belfontedairy.com** County: **Jackson**

Mailing Address:

Name: **Belfonte Ice Cream Co.**
 Mail Address: **1511 Brooklyn Ave**
 City: **Kansas City** State: **MO** Zip: **64127**

RMP Facility ID:

Dun & Bradstreet Number:

NAICS Code: **311520**

TRI Number:

Latitude: **D: 94 M: 35 S: 33**Longitude: **D: 39 M: 07 S: 23**

Fire Department with Jurisdiction

Kansas City FDAre Any Explosive Listed? **No**Land Owner: **Other**

Subject to Emergency Planning Under Section 302 of EPCRA (40 CFR part 355)? **No**
 Subject to Chemical Accident Prevention under Section 112(r) of CAA(40 CFR part 68, Risk Management Program)? **No**

Owner/Operator Information (2b)

Name: **Hiland Dairy Foods**
 Mail Address: **1133 E. Kearney**
 City: **Springfield** State: **MO** Zip: **65801**
 Phone: **417-862-9311** Fax: **417-837-1106**
 E-Mail:

Regulatory point of Contact Information (2c)

Name: **Danny Sanders**
 Mail Address: **1511 Brooklyn**
 City: **Kansas City** State: **MO** Zip: **64127**
 Phone: **816-483-9070** Fax: **816-483-1442**
 E-Mail:

Emergency Contact Information (2d)

Name: **Henry Belfonte** Title: **General Manager**
 Phone: **816-483-9070** 24 hr. Phone: **816-694-9022**
 Name: **Derek Graviette** Title: **Production Manager**
 Phone: **816-483-9070** 24 hr. Phone: **816-508-9411**

Submission for Reporting Year: ☐ Initial ☐ Update

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments

- [☐] I have attached a site plan
 [☐] I have attached a list of site coordinate abbreviations
 [☐] I have attached a description of dikes and other safeguard measures

Name and official title of owner/operator OR owner/operator's authorized representative

Name Justin Jenkins Title QA Manager Signature _____

Date Signed _____

Facility Name: Belfonte Ice Cream Co.	Emergency Contact Name: Henry Belfonte	24 hr. Phone: 816-694-9022
City: Kansas City	State: MO	Zip: 64127

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year.	Physical and Health Hazards (4) Check all that apply:	Inventory (5)
CAS: 7664-41-7	<input checked="" type="checkbox"/> Fire	Max Daily Amount Code: 05
Trade Secret: <input type="checkbox"/>	<input checked="" type="checkbox"/> Sudden Release of Pressure	Avg. Daily Amount Code: 05
Chemical Name: Anhydrous Ammonia	<input checked="" type="checkbox"/> Reactivity	No. of Days on Site Per Year: 365
Check all that apply: (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input checked="" type="checkbox"/>)	<input checked="" type="checkbox"/> Immediate (Acute)	<input type="checkbox"/> Optional Report
Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Delayed (Chronic)	
EHS Name: Ammonia Refrigerant		

Storage Codes and Locations (6) (Note: This information is Not Confidential)		
Container	Pressure	Temperature
Code: C	2	6
Storage Location: Stored in compressor room		

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year.	Physical and Health Hazards (4) Check all that apply:	Inventory (5)
CAS: 7697-37-2	<input type="checkbox"/> Fire	Max Daily Amount Code: 04
Trade Secret: <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Avg. Daily Amount Code: 04
Chemical Name: Nitric Acid	<input checked="" type="checkbox"/> Reactivity	No. of Days on Site Per Year: 365
Check all that apply: (<input type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input checked="" type="checkbox"/>) (<input type="checkbox"/>) (<input checked="" type="checkbox"/>)	<input checked="" type="checkbox"/> Immediate (Acute)	<input type="checkbox"/> Optional Report
Pure Mix Solid Liquid Gas EHS	<input checked="" type="checkbox"/> Delayed (Chronic)	
EHS Name: AC-55-5 Red, Mandate Plus		

Storage Codes and Locations (6) (Note: This information is Not Confidential)		
Container	Pressure	Temperature
Code: E	1	4
Storage Location: Chemical room with self closing doors on the second story in the middle of the production plant.		

Certification (Read and sign after completing all sections)
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative
Name Justin Jenkins Title QA Manager Signature _____ Date Signed _____

[Previous Page](#)[Next Page](#)

Facility Name: Belfonte Ice Cream Co.	Emergency Contact Name: Henry Belfonte	24 hr. Phone: 816-694-9022
City: Kansas City	State: MO	Zip: 64127

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year.	Physical and Health Hazards (4) Check all that apply:	Inventory (5)
CAS: 79-21-0	<input type="checkbox"/> Fire	Max Daily Amount Code: 04
Trade Secret: <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Avg. Daily Amount Code: 03
Chemical Name: Peroxyacetic Acid	<input type="checkbox"/> Reactivity	No. of Days on Site Per Year: 365
Check all that apply: (<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix) (<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS)	<input checked="" type="checkbox"/> Immediate (Acute)	<input type="checkbox"/> Optional Report
EHS Name: Vortexx	<input type="checkbox"/> Delayed (Chronic)	

Storage Codes and Locations (6) (Note: This information is Not Confidential)		
Container Pressure Temperature		
Code: E 1 4	Storage Location: Chemical room with self closing doors on the second story in the middle of the production plant.	

Chemical Description (3) <input type="checkbox"/> Check if info is same as last year.	Physical and Health Hazards (4) Check all that apply:	Inventory (5)
CAS: 1310-73-2	<input type="checkbox"/> Fire	Max Daily Amount Code: 06
Trade Secret: <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Avg. Daily Amount Code: 05
Chemical Name: Sodium Hydroxide	<input type="checkbox"/> Reactivity	No. of Days on Site Per Year: 365
Check all that apply: (<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix) (<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS)	<input checked="" type="checkbox"/> Immediate (Acute)	<input type="checkbox"/> Optional Report
EHS Name: Conquest, Liquid-90, Enforce LP	<input type="checkbox"/> Delayed (Chronic)	

Storage Codes and Locations (6) (Note: This information is Not Confidential)		
Container Pressure Temperature		
Code: E 1 4	Storage Location: Chemical room with self closing doors on the second story in the middle of the production plant.	

Certification (Read and sign after completing all sections)
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative
Name Justin Jenkins Title QA Manager Signature _____ Date Signed _____

[Previous Page](#)[Return to Facilities List](#)